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Peritoneal catheter obstruction by sigmoid colon wall

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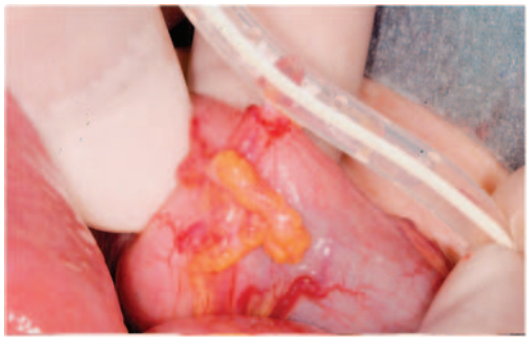

Figure 1 | The peritoneal dialysis catheter (Tenckhoff catheter) obstructed by the sigmoid colon wall.

A 67-year-old Japanese woman with end-stage renal disease due to autosomal dominant polycystic kidney disease was initiated on continuous ambulatory peritoneal dialysis after insertion of a straight Tenckhoff catheter. Peritoneal dialysis exchanges were uncomplicated until 3 weeks after the operation, when the catheter was found to be suddenly obstructed during both fluid infusion and drainage. The patient complained of abdominal pain in the lower left quadrant, especially during attempted peritoneal exchanges. She was suspected of having catheter obstruction by intra-abdominal viscera, and underwent surgical exploration, which revealed that the catheter was obstructed by an incarcerated sigmoid colon wall (Figure 1). The colon wall was separated from the catheter and the catheter was fixed to the posterior wall of the bladder. After surgery, the catheter functioned properly.

To investigate catheter flow problems, positive and negative pressure may be applied to the catheter using a saline-filled syringe. When both outflow and inflow failures are observed, especially when associated with abdominal pain, the possibility of obstruction by abdominal viscera including omentum and fallopian tubes (and like in our case, the wall of the colon) should be considered. In such situations, care should be observed not to apply excessive pressure with the syringe for fear of perforation.

DISCLOSURE

All the authors declared no competing interests.